1	STATE OF ALASKA	
2	DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT	
3	DIVISION OF CORPORATIONS, BUSINESS, AND PROFESSIONAL LICENSING	
4		
5	STATE MEDICAL BOARD	
6		
7	MINUTES OF MEETING	
8	Thursday June 3, 2021	
9	Thursday June 5, 2021	
	These are DDAFT minutes prepared by staff of the Division of Cornerations, Dusiness and Drefessional	
L0		
l1	Licensing. They have not been reviewed or approved by the Board.	
L2		
L3	By authority of AS 08.01.070(2) and in compliance with the provisions of AS 44.62, a scheduled meeting	
L4	of the Alaska State Medical Board was held on Thursday, June 3, 2021	
L5		
L6	Thursday, June 3	
L7		
L8	1. Call to Order/ Roll Call	
L9	The meeting was called to order by Chair Wein at 3:07 p.m.	
20		
21	Roll Call	
22	Board members present:	
23	Sarah Bigelow Hood, PA-C	
24	David Boswell, Public Member (Secretary	
25	Maria Freeman, MD	
26	Lydia Mielke	
27	Steve Parker, MD	
28	Richard Wein, MD (Chair)	
29	Board Members absent:	
30		
31 32	Larry Daugherty, MD	
33	Board and Division staff present: Sara Chambers, Director, Natalie Norberg, Executive Administrator, Jun	
34	Maiquis, Regulation Specialist	
35	Walquis, Regulation Specialist	
36	2. Review Agenda	
37	The board reviewed the meeting agenda.	
38	The board reviewed the meeting agentual	
39	On a Motion duly made by Dr. Wein, seconded by Mr. Boswell and approved by	
10	affirmation, the Board approved the agenda.	
11	, , , , , , , , , , , , , , , , , , ,	
12	3. Consideration of Emergency Regulations on Buprenorphine via Telemedicine	
13	Chair Wein invited Division staff, Jun Maiquis, Regulation Specialist, and Sara Chambers, Director, to	
14	introduce and explain the statutory and regulatory framework and amendments needed to address the	
15	allowance of the use of telemedicine for medication assisted treatment for opioid use disorder. To	
16	address this, the board must first acknowledge the existence of an emergency situation for which	

MED-6.3.2021 Minutes Page **1** of **3**

emergency regulations are needed Secondly, the regulations that govern the way in which a public health emergency may be declared must be amended to allow providers to have more long-term flexibility in the ability to administer medication assisted treatment for opioid use disorder. Under this proposed amendment, should a provider choose to prescribe buprenorphine via telemedicine while the state is not under a governor or DHSS declared public health emergency, it will be incumbent on providers to justify why they determined an emergency exists. During discussion, members of the board confirmed that they believe the use of opioids continues to be a public health emergency and that buprenorphine is a safe and effective treatment for opioid addictions.

On a motion duly made by Mr. Boswell, seconded by Dr. Parker and approved by roll call vote, the State Medical Board affirmed that an emergency exists under AS 44.62.250 and an emergency regulation change is necessary to 12 AAC 40.943, dealing with standards of practice for telemedicine, for the immediate preservation of the public peace, health, safety, or general welfare. The facts constituting the emergency include the following:

The amendment is necessary to continue to allow the use of telemedicine to provide medication assisted treatment for opioid use disorders and avoid a negative health impact on the public by decreasing access to treatment during the public health emergency caused by the COVID-19 pandemic.

Roll Call: Yeas, Ms. Bigelow-Hood, Mr. Boswell, Dr. Freeman, Ms. Mielke, Dr. Parker, Chair Wein Absent for Vote: Dr. Daugherty

On a motion duly made by Mr. Boswell, seconded by Dr. Freeman and approved by roll call vote, the board agreed to adopt as emergency regulations with the intent to make permanent the proposed amendments to 12 AAC 40.943 regarding the declaration of an emergency, continuation of OUD treatment, documentation, and the definition of *emergency* as presented in the board meeting materials. (See Attachment I)

Roll Call: Yeas, Ms. Bigelow-Hood, Mr. Boswell, Dr. Freeman, Ms. Mielke, Dr. Parker, Chair Wein Absent for Vote: Dr. Daugherty

4. Division Report

Director Chambers provided an overview of the legislation (SB 12 and SB 21) passed during the 2021 regular session that will impact the Medical Board. SB 12, related to *Military Spouse Courtesy License*, will require the division to produce a report regarding the number of military spouses and active duty personnel who have applied for and obtained licensure for any of the division' licensure programs.

SB 21, related to *Licensed Mobile Care Paramedics*, will allow for the transfer of the MICP program to tto DHSS in January 2022 for licensing and oversight. Board members raised concerns about the possibility of MICP's being allowed to perform an unregulated expanded scope of services once they transfer from the jurisdiction of the Medical Board. Dr. Parker reiterated that all MICP's will still be under the supervision of a physician, and physicians are subject to the oversight by the Medical Board.

Also included in SB 21, is language that compels all boards under the Division of Corporations, Business and Profession Licensing to create a streamlined licensing process with "substantial equivalency" for military spouses and active duty military with a current license in another state to be allowed expedited

MED-6.3.2021 Minutes Page **2** of **3**

consideration for licensure in Alaska. Once this bill is signed by the governor, Director Chambers will provide more information to the boards regarding this issue.

Director Chambers provided a budget overview, highlighting revenues generated from the recently concluded license renewal process and general spending trends. The Medical Board is on track in terms of its expenditures and no concerns were identified.

5. Executive Administrator Update

Review of Board Goals and Annual Report Discussion

The board reviewed and discussed this year's accomplishments, progress towards last year's identified goals, and potential new goals. Highlights include the board's quick response to addressing necessary industry and practice changes due to the pandemic through emergency regulations. Areas identified as challenges and/or future goal areas included the need for expanded and safe telemedicine practices in the state and the development of a telemedicine license; the need to review the board's application processes to identify ways to streamline and simplify the process without compromising quality; and a systematic review of all statutes and regulations pertaining to the board. Strategies for developing a stronger relationship with the legislature were also discussed.

Confirmation of next quarterly meeting date

The board decided to meet for one, full day on August 20, 2021.

6. Disciplinary Matrix Review - Failure by facilities to report actions taken against physicians

Chair Wein introduced this topic as an area of concern which he has observed throughout his career and is also a growing concern on a national scale per the FSMB. In essence, health care facilities (e.g. hospitals) circumvent having to report "bad actor" physicians and any potential subsequent negative publicity regarding the facility or the physician - by avoiding taking formal actions against the physician and quietly encouraging the physician to leave the facility. According to the board's current disciplinary matrix, the fine for failure to report the loss of privileges or negative actions against a physician licensed in Alaska is \$1000 to \$5000. Dr. Wein recommended raising the fine to \$50,000 but was advised state law prohibits civil fines for greater than \$25,000. The board engaged in a robust discussion on the topic but declined to take action related to amending the disciplinary matrix at this time.

7. Adjournment

The meeting was adjourned at 5:10 p.m.

37 38	Respectfully submitted:	Approved:
39	/s/	/s/
40 41 42	Natalie Norberg, Executive Administrator Alaska State Medical Board	Richard Wein, MD, President Alaska State Medical Board
43	<u> </u>	
44	Date	Date

MED-6.3.2021 Minutes Page **3** of **3**